## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000101294 (2)

WEDDING, STEPHENSON & IBARGUEN, ARCHITECTS, INC.  Principal Place of Business Mailing Address  300 1ST AVE SOUTH STE 402 ST PETERSBURG FL 33701 4236							
						3. Date incorporated or Qualified 3a. Date of Last Report	
Principal Place of Business     2e. Mailing Address						4 FFI Number Applied For	
26						59-3420963 Not Application	
	Suite, Apt. #, etc.					60 TE	
22		27				5. Certificate of Status Desired Lin Fee Required	
City & Sta	le	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	·····	ıntry		This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curren	29	[30]	•			
		t negistered wyen		81	Name	10, haine and Address of new negistered Agent	
	WEDDING, C R						
300 1ST AVE SOUTH STE 402 ST PETERSBURG FL 33701				B2	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
911	LIENODONO I L 30701			83			
			Strees  Stouth STE 402 URG FL 337014236  3. Date Incorporated or Qualified  12/13/1998  3. Date of Lest Report  12/13/1998  Applied For Not Applicable  Street Address  Country  Street Address (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Number is Not Acceptable)  Street Acc				
				84	City	FI 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Stat	lutes, the a	bove	e-named c	corporation submits this statement for the purpose of changing its registere	
office or agent. Li	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wa itions of, Section 607.0505, I	s authorize Florida Stat	ia by tutes	/ the corpo 3.	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	_						
	Signature, typed or printed name of registered age			d Age	nt signature re		
12.	OFFICERS AND						
TITLE	PD	T DELETE	1		ŀ	Change L_ Adoiti	
NAME	WEDDING, C R						
STREET ADDRESS	300 1ST AVE SOUTH STE 402						
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33701	T DELETE		_	IT-ZIP	Change I Additi	
	VSD	C Decese				Cuange LI xuduu	
NAME	STEPHENSON, MARK W						
STREET ADDRESS	300 1ST AVE SOUTH STE 402						
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33701 VTD	DELETE			) - ZIP	Change C Addition	
NAME	IBARGUEN, MARCOS F		1		1	the strongs the require	
STREET ADDRESS	300 1ST AVE SOUTH STE 402				ADORESS		
CITY - \$1 - ZIP	ST PETERSBURG FL 33701		1				
TITLE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	☐ DELETE				☐ Change ☐ Additi	
NAME	1		4.2 N	MME		-	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	1						
TITLE		☐ DELETE				Change Additi	
NAME	1		5.2 N	AME	- 1		
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP		
TITLE		DELETE				Change Additi	
NAME			6.2 N	AME			
STREET ADDRESS	1		6.3 \$	TREET	ADDRESS		
	1		<b>E</b>				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an ettachment with an address.

**FILED** 

Apr 23 1997 8:00am

Secretary of State